

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: METHOD AND APPARATUS FOR SECURING  
THE PRIVACY OF A COMPUTER NETWORK

Attorney Docket Number:: 05451.00009

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 2

Small Entity?: YES

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Frederick  
Middle Name:: J  
Family Name:: Murphy  
Name Suffix::  
City of Residence:: Falmouth  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of mailing address:: 126 Ambleside Drive  
City of mailing address:: Falmouth  
State or Province of mailing address:: MA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 02540

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: H  
Family Name:: Shawn  
Name Suffix::  
City of Residence:: Washington  
State or Province of Residence:: DC  
Country of Residence:: USA  
Street of mailing address:: 1850 M Street  
City of mailing address:: Washington

State or Province of mailing address:: DC  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 20036

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::


### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::